



**TOWN OF CROSS ROADS
CONTRACTOR REGISTRATION FORM**

Office: 940-365-9693 Fax: 469-375-5905
3201 US HWY 380 Suite 105, Cross Roads, Texas 76227
Email completed registration to applications@crossroadstx.gov.
There is NO FEE for registration.



Date Submitted: _____

TYPE OF REGISTRATION:

Builder/General Contractor: ☐

HVAC: ☐

Electrical: ☐

Fire Suppression: ☐

Septic: ☐

Other: ☐

Plumbing : ☐

COMPANY INFORMATION

Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Daytime Phone: _____

Fax Number: _____

Email Address: _____

PERSONNEL AUTHORIZED TO OBTAIN A PERMIT UNDER YOUR COMPANY

Name: _____

Contractor License Number: _____

Contractor License Type: _____

Expiration Date: _____

Will your sales tax be applied to Cross Roads for projects done within Cross Roads? Yes ☐ No ☐

ITEMS NEEDED AT TIME OF SUBMISSION

- Legible copy of current driver's license
- Legible copy of current contractor's registration/or license
- Copy of General Liability Coverage

**We must have a CURRENT copy of contractor's registration/or license.
If you submit with non-current information, you will be considered NOT registered
and must resubmit this registration form with current information.**

Town of Cross Roads' Use Only

Date completed application received: _____

Expiration Date: _____